

Chelan-Douglas Health District
PERMIT APPLICATION FOR:

1. NEW OWNERS OF EXISTING FOOD SERVICE ESTABLISHMENTS
fee = \$90 (more than 30 days prior to renewal)
2. ALL BED and BREAKFAST ESTABLISHMENTS

FOOD SERVICE ESTABLISHMENT NAME _____

DAY PHONE # _____

OWNER NAME (Person owning the food service establishment. Person means any individual, partnership, corporation, association, or other legal entity.) _____

ESTABLISHMENT STREET ADDRESS _____ CITY/STATE/ZIP _____

MAILING ADDRESS _____ CITY/STATE/ZIP _____

OWNER BILLING ADDRESS _____ CITY/STATE/ZIP _____

NAME OF WATER SYSTEM _____

TYPE OF WASTEWATER DISPOSAL: Sewer _____ On-site disposal _____

CIRCLE ALL THAT APPLY:

F1 - Complex menu/large \$496 yearly fee	F2 - Complex menu/small \$280 yearly fee	F3 - Simple menu \$124 yearly fee	F4 - Minimal menu \$62 yearly fee
Complex* menu	Complex* menu	Simple menu (examples are: cook and serve, hot hold only, without hand contact or other means of contamination of ready- to-eat food). Cooling limited to espresso, pies, nacho cheese	Packaged food only or Bed and breakfast
More than 100 seats	100 or less seats		
Grocery with deli and produce departments	Grocery with deli or produce departments	Grocery without deli or produce departments	
School central kitchen - sends food to other schools	School with prep but does not send food to other schools	School - serve only	
	F1 that operates less than 180 days/year	F2 that operates less than 180 days/year	

* Complex menu = Cools potentially hazardous food and/or raw ingredient preparation or handling of ready-to-eat foods.
(Potentially hazardous foods include any food of animal origin, raw, cooked, or processed; and foods of plant origin, including but not limited to:
potato products, legumes, rice, sprouts, cut melons and cantaloupes.)

Do you provide seating for your patrons? Circle one. Yes No
If so, how many seats are provided inside and outside of the establishment? _____

Circle the months or partial months you provide or prepare food:

Jan. Feb. Mar. Apr. May Jun. Jul. Aug. Sep. Oct. Nov. Dec.

Circle the days of the week you provide or prepare food:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What time do you open each day? M_____ TU_____ W_____ TH_____ F_____ SA_____ SU_____

What time do you close each day? M_____ TU_____ W_____ TH_____ F_____ SA_____ SU_____

(Seasonal operations that operate on an irregular schedule must provide this office with a schedule prior to opening for the season. The permit will be sent to you once the schedule is received and approved by this office.)

In accordance with the provisions of all applicable health ordinances, rules and regulations, I hereby apply for a permit to operate a food service establishment. I understand:

1. *Permits expire September 30.*
2. *Reinspection fees will be charged when more than 15 red points are found or 15 or more repeated* red points are found in any one inspection. (*Repeated within 12 months.)*
3. *My food service must meet the requirements of the Chelan-Douglas Sanitary Code and WAC 246-215 - Rules and Regulations of the State Board of Health for Food Service. (Copies are available on request.)*
4. *Permits are valid only for the menu submitted. Permits are valid for the designated owner and establishment street address. Permits are not transferable.*
5. *The applicant is responsible for completion of the permit renewal and notifying the Chelan-Douglas Health District of all changes in the food service establishment mailing address, billing address, and/or phone number.*
6. *The health officer may require a food service establishment owner to limit or modify food preparation/service and may delete some menu items when the available facilities are inadequate.*

Printed name of person signing

Title

Signature of owner or authorized individual

Date

Mail or bring the completed application, menu, and payment to:

**Environmental Health Division
Chelan-Douglas Health District
200 Valley Mall Parkway
East Wenatchee, WA 98802**

For further information call: 509-886-6450

Attachments required for a change in ownership:

1. **Menu.** Please complete the attached Method of Food Preparation.
2. **Written agreements.** Provide written agreements with businesses providing you with restrooms, dishwashing and food preparation facilities, and/or back-up refrigeration if any of these are not available in the establishment. Agreements must state the days of the week and hours of the day the employees will have access to these facilities. If seating is provided for customers, the written agreements must state the days of the week and hours of the day the restrooms will be available to both employees and customers.
3. **Mobile unit owner change:** Complete Sections I (Agency Approvals), IX (Labeling) and XI (Mobile Units) of the Plan and Menu Review for New or Remodeled Food Service Establishments. This form is available at 200 Valley Mall Parkway, East Wenatchee.
4. **Caterer owner change:** Complete Sections I (Agency Approvals), IX (Labeling) and X (Transport) of the Plan and Menu Review for New or Remodeled Food Service Establishments. This form is available at 200 Valley Mall Parkway, East Wenatchee.

Referring to your proposed menu (**attach a copy**), complete the table below. List all the foods, drinks, condiments, etc. you will be serving. Attach additional sheets as necessary. Please refer to page 4 for an example of how to complete this table.

MOBILE UNITS: Please separate food preparation that is done on the mobile unit from food preparation that is done at the approved commissary.

		hazardous ingredients be stored less than 45° F. during storage?	cutting or assembly before cooking or service?	temperature of the food item be?	than 140° F. before serving?	cooled from a cook step to 45° F. in refrigeration units?	serve again? All foods must be reheated to 165° F.	packaged before sale or service?
Clam chowder	made at FSE*	yes	yes	140° F.	yes	yes	yes	no
Clam chowder	food distributor	yes	no	140° F.	yes	no	no	no
Prime Rib	cooked at FSE	yes	yes	130° - 150°	yes	yes	yes	no
French dip Sandwich	made at FSE	yes	yes	leftover prime rib	no	yes	yes	no
Turkey Sandwich	cooked meat from food distributor	yes	yes	n/a	no	no	no	yes
Turkey Sandwich	Turkey cooked at FSE	yes	yes	165° F.	no	yes	no	no
Latte drinks	made at FSE	yes	no	165° F.	no	yes	yes	no
Muffins	purchased at licensed bakery	no	no	N/A	no	no	no	yes
Salad	Please specify the type of salad to accurately fill in the item.							
Potato Salad	made at FSE	yes	yes	potatoes & eggs boiled	no	yes	no	no
Green Salad	made at FSE	yes	yes	n/a	no	no	no	no
Soft drinks	cans from distributor	yes	no	n/a	no	no	no	no
Cocktail Sauce	made at FSE	yes	no	n/a	no	no	no	yes

* Food Service Establishment (FSE)